VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1823

910126

	CERTIFICAT	E OF DEATH	Reg. Dist. No. 245
I. PLACE OF DEATH- COUNTY SOMETSET CITY (If outside corporate limits, write RUI OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS LCCred	l in this place)	ADDRESS Umiths Islan	COUNTY RURAL and give nearest town) give location)
3. NAME OF DECEASED (Type or Print) 6. SEX 6. COLOR OR RACE White 10a. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired, Water and 13. FATHER'S NAME UNKNOWN	(Middle) LINIOC 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Since 10b. Kind of Business or Lindustry 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Since 10b. Kind of Business or 11 June 12 June 1	CLIGIN OF DEATH OF DEATH APPILLABLE (State or foreign country Richmond, Virginia 14. MOTHER'S MAIDEN NAME UNITOWN	thday If under 1 year If under 24 hm Months Days Hours Min. 12. CITIZEN OF WHAT COUNTEY?
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates service)	RS? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS -CUTORDY HOSDICALC	risiield,d.
Antecedent cause(s) Diseases or conditions, it sny, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	Jubaradu	^	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR	ath.		20. AUTOPSY?
SUICIDE OF HOMICIDE INTO TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the alive on the suice of	JURY INJURY OCCURRED While at Not While Work At work When At work While at Not While Work At work At work Check At work Check Name Name Name Check Name C	ADDRESS Circle Md TRY OR CREMATORY LOCATION (Cit	(COUNTY) (STATE) that I last saw the deceased
REMOVAL (Specify) Feb. 13,	SSIGNATURE Ly W. Tyler	tery Ewell, 24. FUNERAL DIRECTOR Bradshaw Funeral Pa	Lary and ADDRESS rlors, Cristield



PLEASE

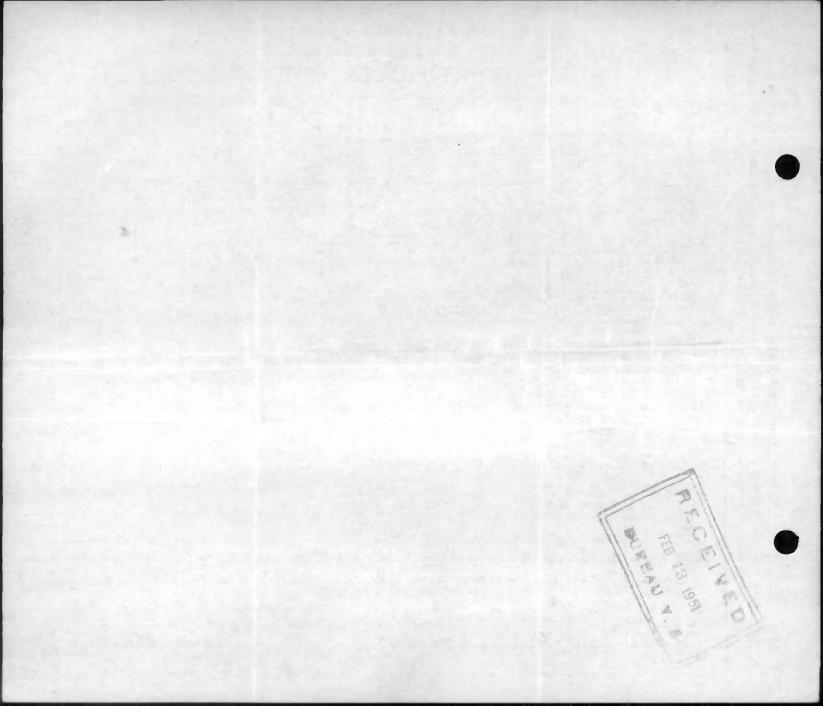
correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	TY la man +
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
TOWN give nearest town) Wesley-Marion (in this place)	TOWN Wesley	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECRASED (First) Randell (Middle)	roswell 4. DATE (Month) DEATH 2	(Day) (Year) 5 1951
5. SEX M. 6. COLOR OF RACE 7. SINCLE, MARRIED, WIDGWED, DIVORGED, (Specify) Suisk	7 My 0, 190 / 4 3 yrs. 155	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	Wesley-Maion Sta, Md.	COUNTRY? 2. S.
Frank Croswell	Mary Moore	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of 220-01-8118	17. INFORMANT AND ADDRESS Herrican Croswell-Mari	en 5th. ned.
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0.1	ONSET AND DEATH
Immediate cause (a)	y or reaso	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
420 / Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		00 to 00 billionness accentisma pacadacie in acces, yes
giving rise to the above cause		
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		20. AUTOPSY?
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN DINGS OF OPERATION 21. ACCIDENT (Specify) 1 PLACE (Home, form, factory, fixed).	: QCOUNTY	Yes No Z
giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN DINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE (Home, turns, factory, street, IOMICIDE (INJURY)	use Marione Mo	Yes No No
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN DINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bldg. stc.)	INOW DID INJURY OCCUR?	Yes No Z
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN DINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	Yes No Z
giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify OF office bldg. stc.) SUICIDE OF office bldg. stc.) INJURY OF OF OPERATION 21. ACCIDENT Specify OF OPERATION 22. I hereby certify that I attended the deceased from the work alive on 19 miles and that death occurred at alive on 19 miles and that death occurred at the state of	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? That I last The man from the causes and on the date s	Yes No (STATE) Saw the deceased stated above.
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN DINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Work Not While Work At work 22. I hereby certify that I attended the deceased from 1990.	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? That I last	Yes No (STATE)
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) OF office bldu ste.) SUICIDE (Home, trim, factory object, office bldu ste.) INJURY OF OFFICE (Home, trim, factory object, office bldu ste.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on the step of	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? That I last The man from the causes and on the date s	Saw the deceased stated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE OF OF HOMICIDE HOMICID	HOW DID INJURY OCCUR? 19 h, to 19 h that I last ADDRESS field — MA	Saw the deceased stated above. DATE SIGNED

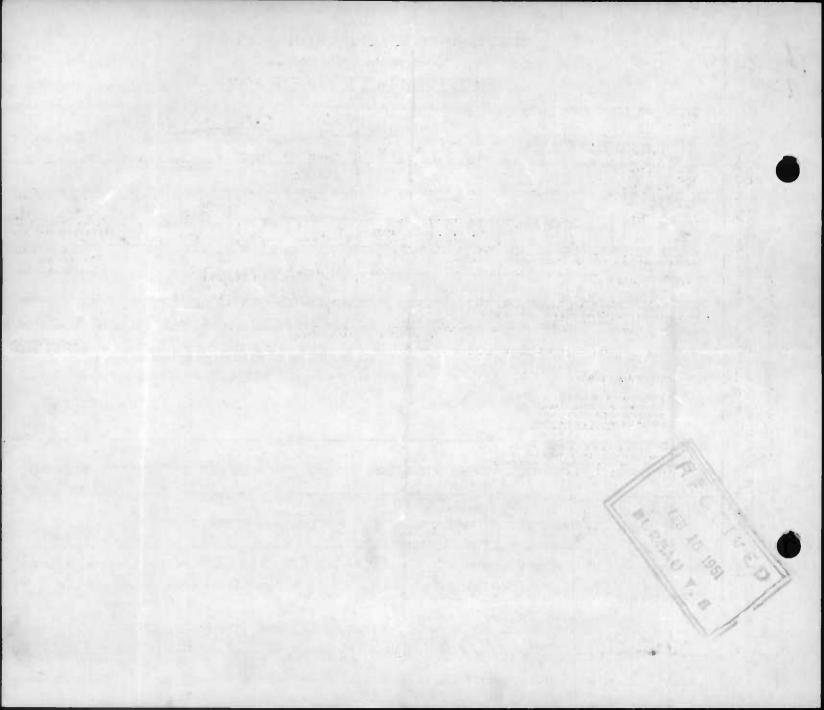


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and g	ve nearest town)
OR give nearest town) TOWN (in this place)	TOWN Me Veryon	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month)	(Day) (Year)
(Type or Print) Thanks heale	Washeell DEATH Feb-	12 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	no Vernon mil	COUNTRY? 5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
blue blashall	Durie Shriens	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	. /1
(Yes, no, or unknown) (If yes, give war or dates of service)	Charles Machiel new	Ceso anelo
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	TO A A	1- 00/h
Immediate cause (a)	ion Tualillies	, Course
150 X Antecedent cause(s)		2 3
Diseases or conditions, if any, (b)	of esophagus	gears:
giving rise to the above cause stating the underlying cause last		0
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death hut not related to the disease or condition causing death.	4 demb	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While		
22. I hereby certify that I attended the deceased from 2/9	1957, to 2/12 , 1957, that I last	saw the deceased
2/11/5/ 105/ 11/11	:30 or m., from the causes and on the date s	
alive on 2/1/5/, 195/, and that death occurred at SIGNATURE	ADDRESS	DATE SIGNED
Stokent alleste,	M.D. 2	11251
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Let 14 1957 St (Mareu)	RY OR CREMATORY LOCATION (City, town, or cour	nty) (State)
DATE REC'D/BY LOCAL REGISTRAR'S SIGNATURE	24. PUNERAL/DIRECTOR	ADDRESS
REG. 2/14/57 K. S. Johnson M. D.	1 dista Sty	I slow free
90		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

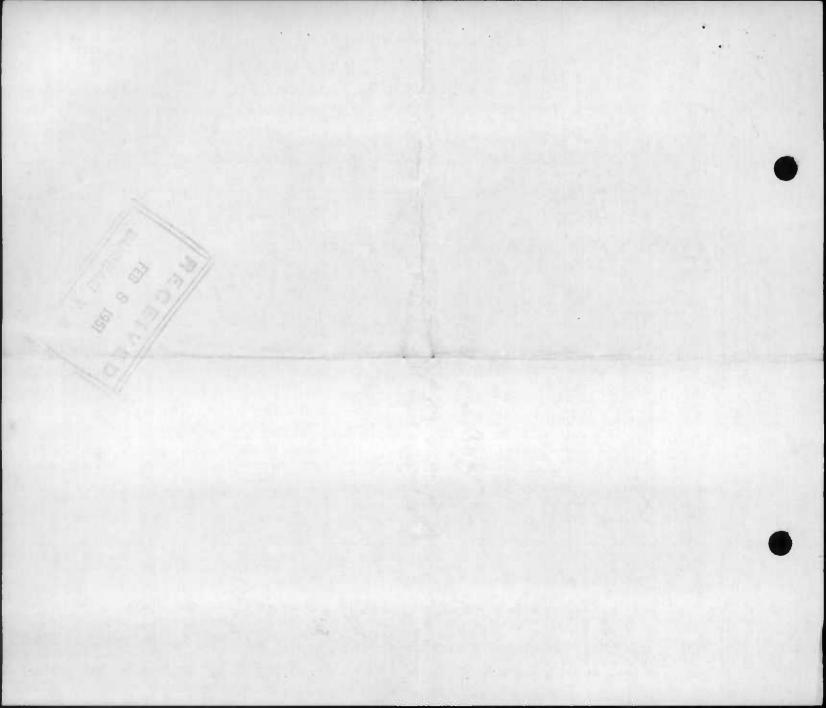
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

182

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
20 M&R Se. MARYLAND	STATE MARY LAND COUNTY SOMERS
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN RINGESS ANNE RFD. (In this place)	GETOWN PRINCESS ANNE R.F. D
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Ye
(Type or Print) He LeN GERTRUGE	DAYIS DEATH FEDRUARY 2 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under /1 year If under 2
FeMALE COLORED WIDOWED DIVORCED, (Specify) 5/NGL2	OCT. 11, 1950 yrs. Months/Days Hours 1
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W
done during most of working life, even if retired) INDUSTRY	MARY LAND COUNTRY U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MODER DAVIS	MAGGEBARCLAV
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unkarwa) (If yes, give war or dates of service)	ROBERT DAYIS (JATHER)
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWOONSET AND DE
Antho	· olalitie
Immediate cause (a) Acute bR	01/4 (1)
500× Antecedent cause(s)	
Diseases or conditions, if any, (b)	4 14 14 14 14 14 14 14 14 14 14 14 14 14
glving rise to the above cause stating the underlying cause last	HENRY M. LANKFORD, W.D.
(c)	Deputy Medical Examiner
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	for Somersot County
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	[AT SOMOTSOL COUNT) 20. AUTOPSYS
related to the disease or condition causing death.	20. AUTOPSY
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, attention)	20. AUTOPSY1
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. etc. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	20. AUTOPSY1
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg. etc. INJURY	(CITY OR TOWN) (COUNTY) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. Proceedings of the contribution o	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. 19c OF OF OFFICE OF OFFICE OF OFFICE OF OFFICE	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy . Inspection X, Inquiry X thereon and from the eviden
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. 19b.	Autopsy , Inspection , Inquiry thereon and from the eviden
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. Proceedings of the contract of th	Autopsy , Inspection , Inquiry thereon and from the eviden
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg. Jets. CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work at work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said decorption in a divide office of the remains described above, held an analyzed by said Autopsy, Inspection or Inquiry, find that said decorption in a divide office of the remains described of the said decorption of inquiry, find that said decorption in a divide office of the remains described above, held an analyzed of the remains described above, held analyzed of the remains described above.	Autopsy , Inspection X, Inquiry X thereon and from the eviden eased died on the dry stated above, and death in my opinion results undetermined .
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. Agic OF OFFINIURY CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work OFFINIURY 22. I certify that I took charge of the remains described above, held an ablained by said Autopsy, Inspection or Inquiry, find that said decorates from: natural causes 1. accident , suicide , homicide , SIGNATURE (Degree or title)	Autopsy , Inspection X, Inquiry X thereon and from the eviden eased died on the day stated above, and death in my opinion results undetermined ADDRESS DATE SIGNE LACK DEATH OF TOWN) COUNTY) (COUNTY) (STATE) Autopsy , Inspection X, Inquiry X thereon and from the eviden undetermined ADDRESS DATE SIGNE LACK DATE SIGNE
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. 18th OF OFFINJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not white INJURY work at work 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy. Inspection or Inquiry, find that said decfrom: natural causes accident , suicide , homicide , SIGNATURE (Degree or title)	Autopsy , Inspection X, Inquiry X thereon and from the eviden eased died on the dry stated above, and death in my opinion results undetermined .
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. Agic OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OF COUNTRIBUTING OF office bldg. Agic OF OPERATION 2t. EXTERNAL CAUSE WAS PRIMARY OF COUNTRIBUTING OF OFFICE OF OPERATION OF office bldg. Agic OFFICE	Autopsy , Inspection X, Inquiry X thereon and from the eviden eased died on the day stated above, and death in my opinion resulte undetermined ADDRESS DATE SIGNE RY OR GREMATORY LOCATION City, town, or county) (State)
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2411 N. Charles Street, Baltimore

FIMNO. G 131 FEB 26 195 CERTIFICATE OF DEATH

Reg. Dist. No. 3.60

1837

Mullo. U .	I) I I L D NO 130	5					*****
1. PLACE OF DEA'	omerset	MARYLAND	Maryland	(HOME) OF DECE. Some	ASED. COUNT	Y	
CITY (If outside OR give prece TOWN	corporate limits, write RURA thorn as Anne	Land LENGTH OF STAY 4 (in this place)	CITY (If outside corpo OR TOWN Princes		RAL and giv	re nearest town)	
HOSPITAL OR INSTITUTION (STREET ADDR	OR at home		STREET ADDRESS	(If rural, giv	e location)		
3. NAME OF DECEASED (Type or Print)	(First) Francis	(Middle)	(Last) Dilley	OF	(Month)		ear) 95 1
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) O OWed	8. DATE OF BIRTH	9. AGE iast birtbd	ay If under		4 hr
10a. USUAL OCCU	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry	II. BIRTHPLACE (State		1 12	COUNTRY?	HAT
13. FATHER'S NA Clayto	ME	- 0.2 111	Not An		,		
15 WAS DISCRASED	EVER IN U.S. ARMED FORCES' (1) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	MrKirk Somer	ADDRESS	013 8	/ ₄ d	
	(activité) as Vi	18. MEDICAL CE		S OFISII	eru, i	1	_
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH	0			INTERVAL BETWO	
Immedia	ite cause (a)	acule o	welgene	ungu	م	2 day	2
Anteced	ent cause(s) r conditions, if any, (b)	Qualum	Culton)		2	
107 giving rise	to the above cause underlying cause last (c)	Semil-	tu	77 127 0 007 0 0 00 007 0 0 0 0 0 0 0 0 0 0	> 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	***************************************
Conditions contri	FICANT CONDITIONS butled to the death but not case or condition causing deat	n. Osley	Lilling	·			
19a. DATE OF OP		INDINGS OF OPERATION				20. AUTOPSY	2
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	Yes No (STATE)	० हेर
HOMICIDE TIME (Month	more INJU	RY INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?			
INJURY	m.	Work At work	1				
22. I hereby cer	1	deceased from 2/8		0, 195/, th			ed
alive on	2//0, 195/, an	d that death occurred at (Degree or title)	ADDRESS from the	e causes and on t	the date st	ated above. DATE SIGNI	ED
Mol	en fall	coll, M. D.	Sunce	as Uus	regund	· 2/12/	4-
23. BURIAL, CREE	ecity) 2-13-195	John wesle	ey emetery	Mt. Vern		ty) (State	1)
DATE REC'D BY	LOCAL REGISTIARS	SIGNATURE M.O.	Levin R. Wil	OR		ADDRESS	

Princess "nne,

Md.

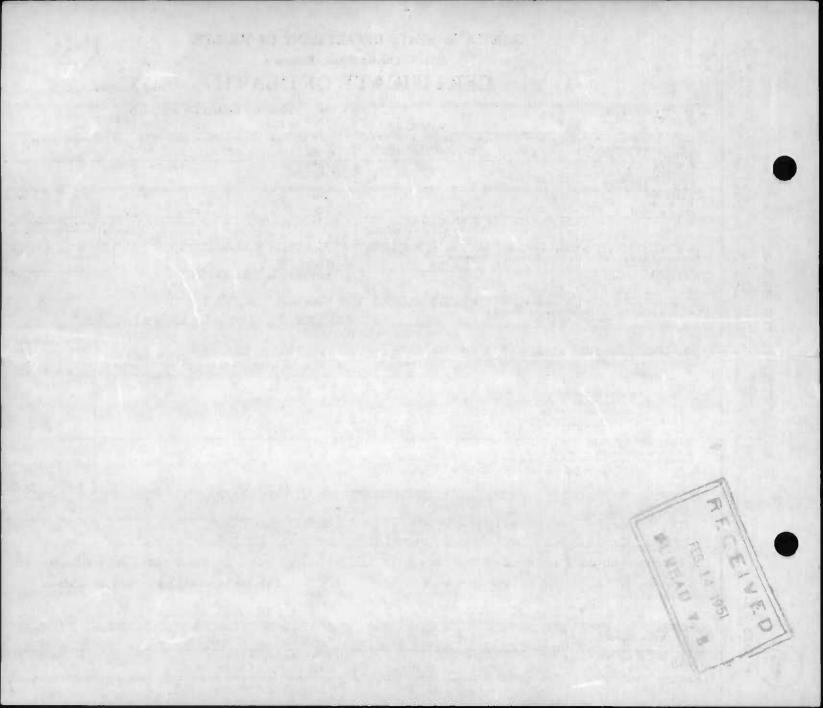
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

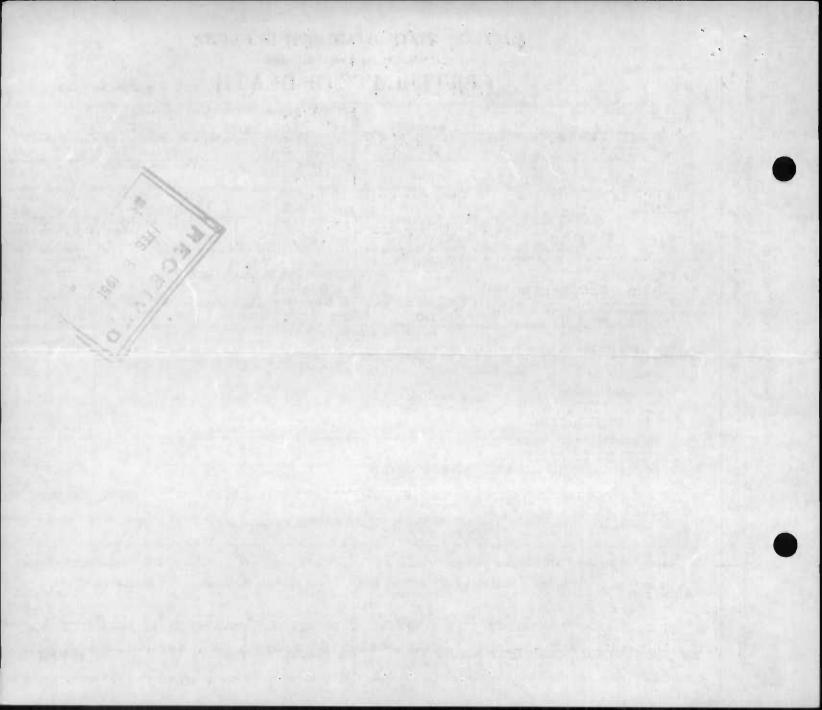


Evidence for change

MARYLAND STATE DEPARTMENT OF HEALTH

1823

of age shown	cn:	2411 N. Charles	Street, Baltimore		
FLM No. G 1	30FFB 14 19F	CERTIFICAT	TE OF DEA'	TH Reg. Dist. 1	No. 760
I. PLACE OF DEAT	H·		2. USUAL RESIDENCE	(HOME) OF DECEASED.	
COUNTY	omerset	MARYLAND	STATE Marvla	nd Somer	TY set
CITY (If outside c	town) 1 Cess Anne	LENGTH OF STAY (in this place) 4 7 YESTS	CITY (If outside corp	ess Anne	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R A TT		STREET ADDRESS	(If rural, give location)	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year
DECEASED (Type or Print)	lzzie	E. Dil	lev	OF DEATHFeb. I.	15
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIYORCED,	S. DATE OF BIRTH	9. AGE iast birthday If und	
female	white	WIDOWED, DIVORCED, (Specify) Pried	Dec.24.1876	7 yrs. Month	Days Hours Mi
10a. USUAL OCCUP	ATION (Give kind of work working life, even If retired)	10b. Kind of Business or Industry	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHA
I3. FATHER'S NAM			West, VA.	DIA NA ME	
John	McCutchaon		Rachel	IN NAME	
	VER IN U.S. ARMED FORCES!	1 16. SOCIAL SECURITY No.	17. INFORMANT ANI	Annuece	
(Yes, no, or unknown)	(If yes, give war or dates o service) 110	no	Mrs Joe. Bou	nds, Pr. "nne,	Md
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEE
		0	111.001 0	Daniel Contract	7
Immediat	e cause (a)	erevis ou		- sausi et s	a ruge
330X Anteceder	nt cause(s) conditions, if any, (b)	Essential	Ryperte	micoi	sulling
on a giving rise t	o the above cause inderlying cause last	.0.0-	0.5. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Δ. Δ
	(c)	serve a	courses.	loke	Custuro
Conditions contribu	CANT CONDITIONS uting to the death hut not use or condition causing death	· no			
		INDINGS OF OPERATION			20. AUTOPSY?
Mars-		noue			Yes No P
21. ACCIDENT SUICIDE HOMICIDE	OF	E (Home, farm, factory, street, office bldg., etc.)	(CITY OF	TOWN) (COUNT	
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY	OCCUR?	
OF INJURY	m.	While at Not While Work At work			ALL THE STATE OF
22. I hereby cert	ify that I attended the	deceased from $12/4$, 1950, to2/24	, 195/, that I last	saw the deceased
alive on././	26 , 195 /, and	d that death occurred at	o P. m., from th	ne causes and on the date	stated above.
SIGNATURE	7 1 ((Degree or title)	ADDRESS		DATE SIGNED
- St	obert (allecott	Truces	elune	2/2/5/
23. BURIAL, CREM REMOVAL (Spec	eify)		RY OR CREMATORY	LOCATION (City, town, or cou	inty) (State)
Duria	2 4/10	Try John Wesl	Ty Corntany	Mt. Vernon,	lud
DATE RECID BY	LOCAL REGISTRAR'S	Sen In	24. FUNERAL DIRECT	2711	ADDRESS
012-157	11. 4	Radda MI.hu.	selen in	1. Vulsan.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1821

CERTIFICATE OF DEATH

1. PLACE OF DEATH-			2. USUAL RESIDENCE (F	fOME) OF DECEASED. COUN'	TV
county somers		MARYLAND	Larviano	Somerset	
CITY (If outside corporate OR give nearest town) TOWN	ehobeth	L and LENGTH OF STAY (in this place)	OR TOWN REHOL	tte limits, write RURAL and a	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rural, give location)	
(Type or trint)	(First) SCAR	(Middle) FRANCIS	(Last) DR IDEN	4. DATE (Month) OF DEATH Feb. 28	10
male wh	ite	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTLE Q	Lay 13,1877	yra.	B Days Hours Min.
done during most of working hi	Give kind of work	INDUSTRY FARMING	HEIRTHPLACE (State of FEIRMOUNT, Inc.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	James Fr	ank Dryden		nia Dize	
15. WAS DECRASED EVER IN U (Yes, no, or unknown) (If yes, service)	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	LTS. LETY SE	ADDRESS II DrydenRel	nobeth, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIO	ONS DIRECTLY I	EADING TO DEATH			ONSET AND DEATH
. Diseases on combine					
Immediate cause	(a)	viviny De	rene		1200
Antecedent cause	e(s)	lune min	sordels		
/3/ O giving rise to the abo	ye cause last (c)	limio dut	reglets	Men (1980) (1980	2 700
11. OTHER SIGNIFICANT (Conditions contributing to t related to the disease or con	he death but not	Jeneral arles	Selver	0	
19a. DATE OF OPERATION	19b. MAJOR F	NDINGS OF OPERATION		49	20. AUTOPSY?
21. ACCIDENT (Spectarior Suicide Homicide	PLAC OF INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	(COUNT	Y) (STATE)
TIME (Month) (Day) OF INJURY	(Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	I attended the	deceased from Zub 28	, 19.5/, to 7.2 2	&, 195, that I last	saw the deceased
alive on Jet 28	, 19.51 , and	that death occurred at	/ 30 Pm., from the	causes and on the date	stated above.
SIGNATURE	20 mil	hom m 8	Maran B	& one	3/3/5/
23. BURIAL, CREMATION REMOVAL (Specify)	Lar.3,1	NAME OF CEMETE Rehobeth		Rehobeth. Mary	unty) / (State)
DATE REC'D BY LOCAL REG. 3/3/5/	Betty	Massey	1 24. FUNERAL DIRECTO		ADDRESS Crisfield
		and the same of th			

D'S 10 1958] BURHAN Y. B.

2411 N. Charles Street, Baltimore

18.00

CERTIFICATE OF DEATH

I. PLACE OF DEAT COUNTY	merset	MARYLAND	2. USUAL RESIDENCE (F	ome) of deceased	OUNTY
	corporate limits, write RUR.		CITY (If outside corpore OR TOWN Tyler	to mines, write reorenza	and give nearest town)
HOSPITAL OR INSTITUTION C STREET ADDRE	R Tangier 5	ound	STREET ADDRESS Smith	(If rural, give local	tion)
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	OF Heb. 1	h) (Day) (Year) 5, 1951 19
male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) III & Y 1 & Q	June 8,1926	24 yrs. M	under I year If under 24 hrs. In the lours Min.
done during most of WELLETH		INDUSTRY YS TEY	Tylerton, Lar	yland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAI	John Evans		14. MOTHER'S MAIDEN	marsh	
	Ever In U.S. Armed Forces (If yes, give war or dates of service)		Jonn Evans-	Appression, Lo	1.
		18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR C	onditions directly	accidents	e Drou	med	INTERVAL BETWEEN ONSET AND DEATE
929 Antecede	ent cause(s)				
giving rise	conditions, if any, (b) to the above cause underlying cause last	Il in water	while cal	elung	97 97 97 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions contrib	(c) CANT CONDITIONS Outing to the death but not ase or condition causing deat	h.			
19a. DATE OF OPI	ERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	1 WITC	CE (Home, farm, factory, street,	(CITY OR T	(A)	Yes No
HOMICIDE	Worn OF	office bidg., etc.)	Cristield	Sou	uoust (STATE)
OF INJURY (STATE OF	12,1951.138	While at Not While Work At work	fell in Wa	towhile o	ysterina
22. I hereby cer	tify that I attended the	e deceased from Qui	Soutal 2	oursens I	last saw the deceased
signaturi	19, an	d that death occurred at.	DDRESS from the	causes and on the d	ate stated above. DATE SIGNED
23. BURIAL, CREAREMOVAL, (Spe		NAME OF CEMETE 951 Tylerton Co		OCATION (City, town, o	or county) (State)
DATE REC'D BY	1.00020,2	SIGNATURE	24. FUNERAL DIRECTO Braashaw June		ADDRESS
	1000	The same			7-2-20-22-02-02



M

The correct age

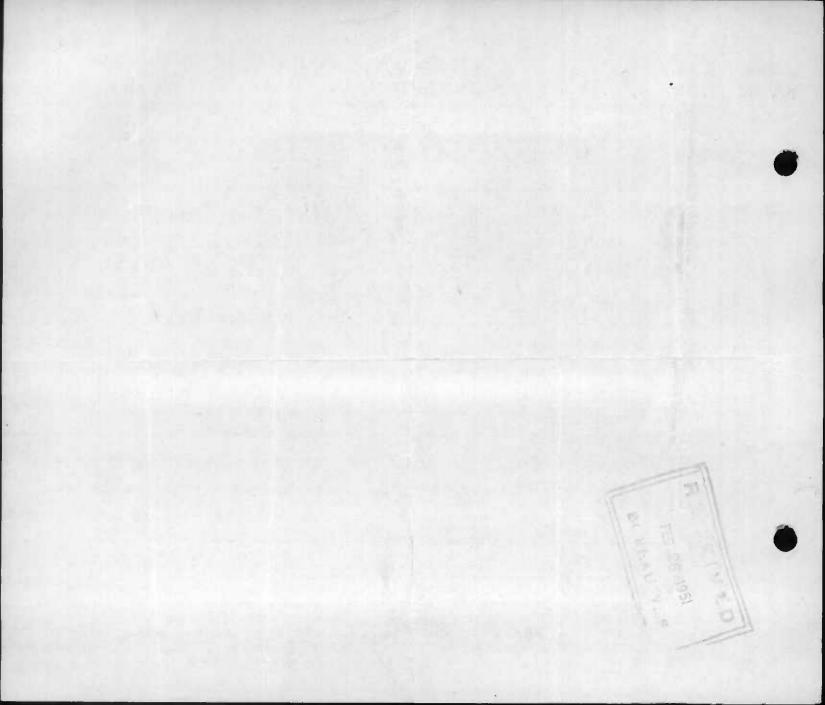
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Sömersel MARYLAND	STATE MARYLAN'S COUNTY	20Merse1
	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN WE NONA -ALL LIFE	TOWN WENONA	
HOSPITAL OR INSTITUTION OR	STREET (If rurai, give incation)	
STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) HOWARD WILLIAM	HORSOMAN DEATH 7eb.	17 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1	year ilf under 24 hrs.
MALE White WIDOWED, DIVORCED, (Specify) MARRIED	MAY 28, 1900 50 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Businmss or	11. BINTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY IN SURANCE	MARYLAND	COUNTRY S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
DAMUEL J. HORS. MAN	VIRGINIA Thomas	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	1 . 1
(Yes, no, or unknown) (If yes, give war or dates of	MRS. HOWARD THORSEMAN	(Mire)
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
A + T	+ disass	ONSE! AND DEATH
Immediate cause (a) HCule DC	ARI GISCASE	
T24.5	was M.B.	
Antecedent cause(s) Diseases or conditions, if any, (b)	HENRY M. LANKFORD, MISS	
75 C giving rise to the above cause	Danuk Madical Francisco	-0.062**00 0020****************************
stating the underlying cause last	anyary mountain commen	
II. OTHER SIGNIFICANT CONDITIONS	Jac School Court	
Conditions contributing to the death but not	Q	
related to the disease or condition causing death.		20. AUTOPSY?
		X
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	10	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while		
INJURY m. work at work	\	
22. I certify that I took charge of the remains described above, held an A	Autopsy [], Inspection [], Inquiry thereon and f	rom the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my	opinion resulted
from: natural causes X, accident , suicide , homicide ,	ADDRESS	DATE SIGNED
SIUNTIONE SILVER CALLED	ADDRESS .	DATE SIGNED
Tury Myour 1 71.A	valuely win 100	2/19/57
23. BURIAL CREMATION DATE THEBEOR NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(State)
Bremoval (Spoily) 2/19/57	lo 16. Winous	ms o
DATE REC'D, BY LOCAL REGISONAR'S SIGNATURE	24. FUTVERAL DIRECTOR	ADDRESS W
REG. 2/2/157 Tola J. Wheally	1 WWW Enols Des	l Soland



WRITE

PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 260 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. Somerset COUNTY STATE Somerset MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) TOWN Pocomoke Rungl HOSPITAL OR STREET (If rural, give location) ADDRESS INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) Nellie Jackson DEATH Feb. 155 I (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 0 W 0 0 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. Female colored 3-4-I883 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) I2. CITIZEN OF WHAT INDUSTRY COUNTRY? done during most of working life, even if retired) Edenton. N.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Not Know Not Knew 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of Somerset Welfare board service) 18. MEDICAL CERTIFICATION Princess mar VI Anne. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 1310 nchi 01 Immediate cause Antecedent cause(s) yocardi 292 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 Yes 🗍 PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT SUICIDE (CITY OR TOWN) (COUNTY) (Specify) (STATE) HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not While While at INJURY Work At work [11, 1951, to 705 19, 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from Alex 19.21, and that death occurred at 11:30 p.m., from the causes and on the date stated above. alive on teb DATE SIGNED (Degree or title) ADDRESS SIGNATURE 608 m 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Near Pocomoke, Md Diinia DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REG.

Annie,

Maryland

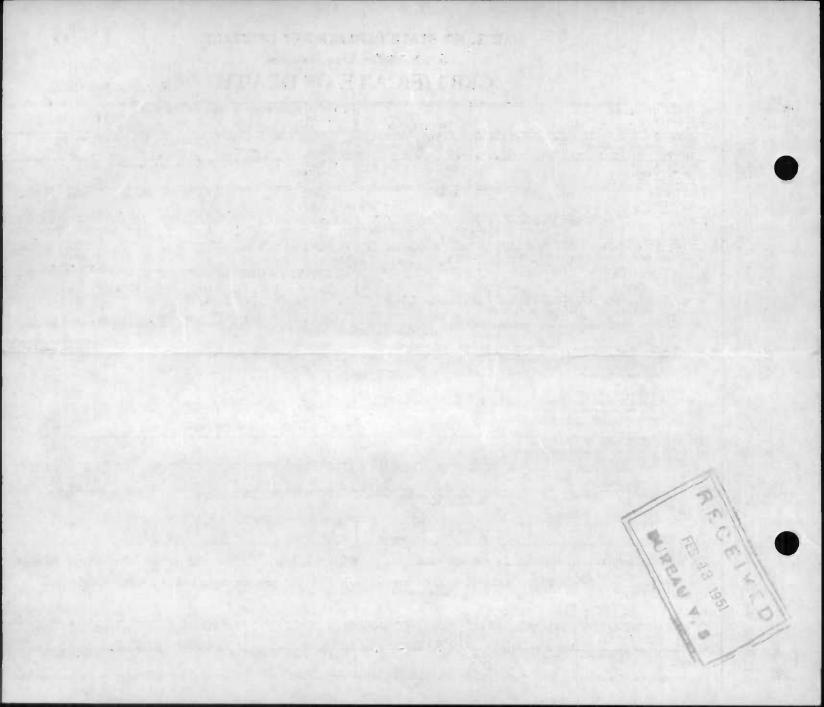


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No 26.0.

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEAS.	COUNTY	
COUNTY Somerset	MARYLAND	Maryland	Some	rset	
CITY (If outside corporate limits, write RUR	LENGTH OF STAY (in this place)	CITY (If outside corpor	rate limits, write RUR	AL and give n	
OR give nearest town) TOWN Princess Anne R	.F.D. 2 IO year	B TOWN Prince	ess Anne,	R.F.D.	2
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give l	ocatioo)	
3. NAME OF (First) DECEASED	(Middle)	(Last)		onth) (I	Day) (Year)
(Type or Print) John		rrine		eb. 4	
male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 Q OW CQ	May 3, 1866	9. AGE last birthday 84 yrs.	If under i ye Months Di	ear If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working lifes even if retired) Retire representation open	10b. KIND OF BUSINESS OR	New Jersey	or foreign country)	y Cot	ITIZEN OF WHAT
13. FATHER'S NAME	cor elegabit	1 14. MOTHER'S MAIDEN	JNAME	1 0 .	S.A.
Orlander Perr	ine	Mary VA.			
15. WAS DECRASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no or unknown) (If yes, give war or dates service)	of no	Mrs. George		Anne	Menselone
(active)	18. MEDICAL CE		- MICW II.	Airie	mai vieli
I. DISEASES OR CONDITIONS DIRECTLY	TEADING TO DEATH				TERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTED		1 . 0 /	7		NSET AND DEATH
Immediate cause (a)	myrais	leal ta	elees	2	Iula.
2/2	-1:	. ~			
Antecedent cause(s) Diseases or conditions, if any, (b)	Noshe	eles			15 Fer.
giving rise to the above cause statiog the underlying cause last			 О 6 мм 9 мм я Р м цийн 9 м я о о о о о о о о о о о о о о о о о о		
(c)	Deale?	in Passe			3-1
II. OTHER SIGNIFICANT CONDITIONS	- Carrer	a com			of the
Conditions cootributing to the death but not related to the disease or condition causing dea	th.				/
19a. DATE OF OPERATION 19b. MAJOR				2	O. AUTOPSY?
none					Yes T No to
	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) ((COUNTY)	(STATE)
TIME (Mooth) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY m.	While at Not While Work At work				
22. I hereby certify that I attended the alive on 2/3, 1950, as	ne deceased from Periodical at that death occurred at	9 30 p. m. from the			
SIGNATURE	(Degree or title)	ADDRESS P.	b		DATE SIGNED
23. BURIAL, CREMATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	n, or county)	(State)
Burisl 2-9-TOS	a Brainerd Ce	metery	Cranbury.	N .T	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. PUNERAL DIRECTO	3R		ADDRESS
REG. 3/9/51 4.7	hasen mil	Jaum 1	Walsu	2 3	65579
	9.0	1/2=======	a Denni	200	-01

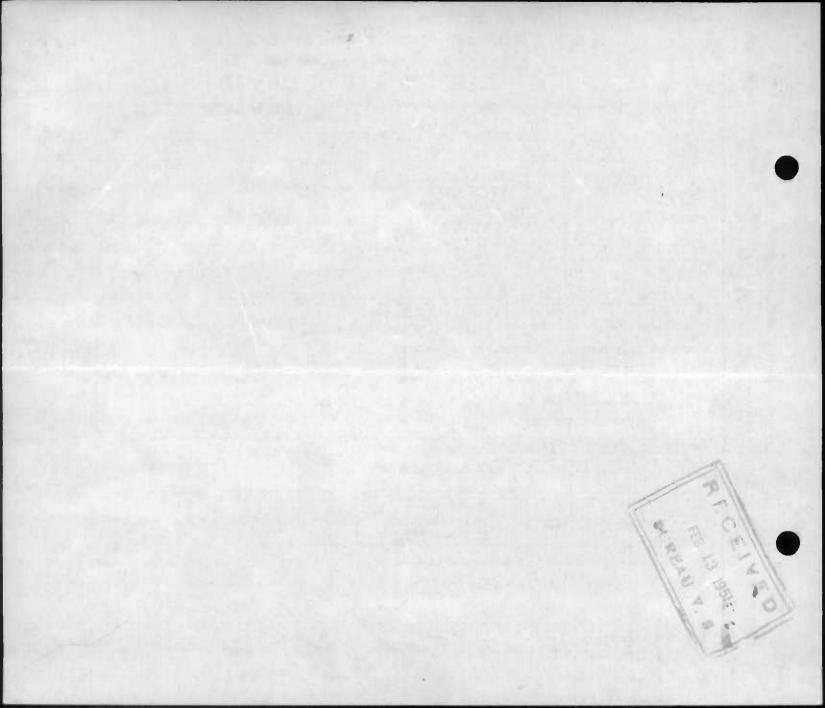




2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Domerset MARYLAND	STATE Maryland COM	mersel
CITY (If outside exporate limits, write RURAL and OR give nearest town) TOWN (in this place)	CITY (II outside conformed limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS M- Cready / taspetal	ADDRESS (If rural, give location)	load
3. NAME OF (First) (Middle) DECEASED (Type or Print) Gordon	Puark DATE (Month) DEATH Tel	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) American	S. TATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life even if retired) INDUSTRY Manager Wastern Communical		2. CITIZEN OF WHAT COUNTRY? S. A
Edward F. Ruarls	Darule L Parker	
15. Was Decreased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or date of 2/2 - 03 - 299, service) (1.0	17. INFORMANT AND JODRESS Puarle	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	una di st. t.	ONSET AND DEATE
Immediate cause (a)	yo cardium due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	coronary Thrombosis	2/2 lus
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Primary allo	iels 9 yrs ago.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCURT	
22. I hereby certify that I attended the deceased from Sept.	, 1947, to Feb , 1951, that I last	saw the deceased
alive on 716 4, 1957, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	tated above. DATE SIGNED
C.S. Rawley m. w.	Crusfield 1 Md	
Durial (Specify) Feb. 7, 1951 Russia	ERY OR CREMATORY LOGATION (City, town, or court Willy)	Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/7/51 Butty W. Tylurd	Lunerard Q. Course for le	istuld, Ma
		10500



VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF D	eath. ierset	MARYLAND	2. USUAL RESIDENCE (H		COUNTY merset	
CITY (If out	side corporate limits, write RUR earest town)	AL and LENGTH OF STAY	OR TOWN Monie		tAL and give	nearest town)
HOSPITAL O INSTITUTIO STREET AD	N OR		STREET ADDRESS	(If rural, give	location)	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE ()	Month)	(Day) (Year)
DECEASED (Type or Print	Charles	A. Sh	ores	OF DEATH	Feb.	I9 ₁₉ 51
6. SEX mal∈	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) OWN CELL	June 20, 1870	9. AGE last birthday	Months I	year If under 24 hrs. Days Hours Min.
done during mos	CUPATION (Give kind of work t of working life even if retired)	10h. Kind of Business or Industry pentry	Maryland	foreign country)	12. Cc	CITIZEN OF WHAT
13. FATHER'S		omfary)	Frances Hel			
15. WAS DECRAS	ED EVER IN U.S. ARNED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
	own) (Ii yes, give war or dates NO		A Mrs Elise D		e, Md.	
		18. MEDICAL CI	ERTIFICATION			
	R CONDITIONS DIRECTLY	LEADING TO DEATH	D. 0.			INTERVAL BETWEEN ONSET AND DEATH
4343	diate cause (a)	" VEAR Co	n ce win	***************************************		00 and = 0 00 00 to ; you concentration of a con-
Q5 a giving	edent cause(s) es or conditions, if any, (b) rise to the above cause the underlying cause last	Heart			•	0 99 04 0 0 12 2 000 000 C 24
	(c)					
Conditions con	NIFICANT CONDITIONS ntrihuting to the death hut not disease or condition causing deat	in Don't-Kurn	aus			
	OPERATION 19b. MAJOR				i	20. AUTOPSY?
51 -						
VIO	nc I				1	Yes No
21. ACCIDENT SUICIDE HOMICIDE	No OF INJ		inler		(COUNTY)	(STATE)
TIME (Mo OF INJURY	nth) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CURT		
22. I hereby	certify that I attended th	e deceased from 17.	, 19. 17, to Z/1	9.4917, tha	t I last sav	w the deceased
alive on		nd that death occurred at (Degree or title)	ADDRESS from the	causes and on th	ne date stat	ed above. DATE SIGNED
	14/1	mal. (-	1000	I		
23. BURIAL, C. REMOVAL	REMATION DATE THERE			Oriole	wn, or county)) (State)
DATE REC'N			24. FUNERAL DIRECTO		-0-	ADDRESS
- foll	111/4) 2	Princess Ann	e. Maryla	nd /=	
		Ja.	II THEESS AIM	and I Jac	5	1024-6



VS. A15

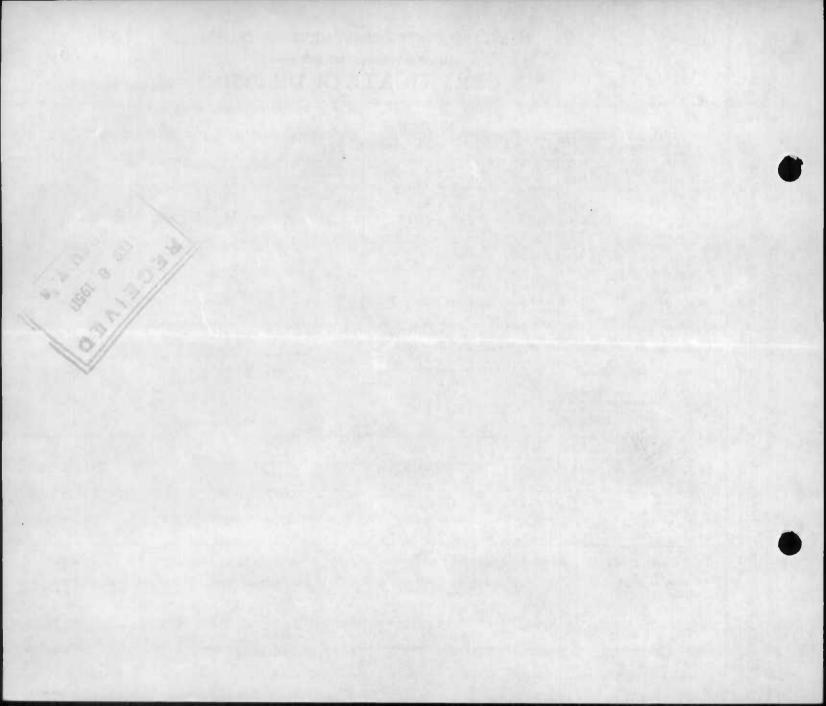
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.6.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Somerset MARYLAND	D STATE Maryland Somerse tCounty		
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodes Point		
HOSPITAL OR	STREET (If wire location)		
INSTITUTION OR 5 Hudson St.	Address Smiths 1918nd		
3. NAME OF (First) (Middle) DECREASED CHARLES WESLEY	(Last) 4. DATE (Month) OF DEATH Feb. 4, 199	(Day) (Year) 51 19	
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under 1	vesr If under 24 hrs.	
male white WIDOWED, DIVORCED, (Specify) Widowed	March 5,1872 78 yrs. Months	Days Hours Min.	
done during most of working life, even if retired) Thousand Cyster	Rhodes Point, Laryland	CITIZEN OF WHAT	
John T. Sneade	Margaret Emily Evans		
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	rs. Roose vel address 5 flud	old, md.	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE	
Immediate cause (a) Legocom (Ca	sains a luna	Zno	
11.60	7 7		
Antecedent cause(s) Diseases or conditions, if any, (b)	Herina		
(17) d. giving rise to the above cause			
stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	unu -		
198. DAIL OF OFERITOR		1 20. AUTOPSY?	
		20. AUTOPSY?	
21 ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	20. AUTOPSY? Yes No (STATE)	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY		Yes No	
SUICIDE OF office hldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No	
SUICIDE OF office hldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	Yes No (STATE)	
SUICIDE OF office hidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While INJURY OF INJURY OF Work At work	HOW DID INJURY OCCUR?	Yes No (STATE)	
SUICIDE OF office hldg., etc.) HOMICIDE INJURY OCCURRED OF INJURY INJURY OCCURRED While at Not While INJURY Not While work At work 22. I hereby certify that I attended the deceased from alive on	HOW DID INJURY OCCUR?	Yes No (STATE)	
SUICIDE OF office hidg., etc.) HOMICIDE INJURY OCCURRED OF OF OFFINITY INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from alive on 74. 19.51., and that death occurred at.	How DID INJURY OCCUR? 1950, to 7, 4, 1951, that I last so	Yes No (STATE) aw the deceased ated above.	
SUICIDE OF office hidg., etc.) HOMICIDE INJURY OCCURRED INJURY OCCURRED While at Not While OF INJURY INJURY OCCURRED While at Not While 22. I hereby certify that I attended the deceased from At work alive on	How DID INJURY OCCUR? 1950, to 70, 1951, that I last so ADDRESS Criptol Delta County (City, town, or county)	Yes No No (STATE) aw the deceased ated above. DATE SIGNED	
SUICIDE OF office hidg., etc.) HOMICIDE INJURY OCCURRED INJURY OCCURRED While at Not While OF INJURY INJURY OCCURRED While at Not While OF Office hidg., etc.) INJURY INJURY OCCURRED While at Not While At work At work 22. I hereby certify that I attended the deceased from alive on 7. SIGNATURE: SIGNATURE:	How DID INJURY OCCUR? 1950, to 70, 1951, that I last so ADDRESS ERY OR CRE LATORY LOCATION (City, town, or count	Yes No No (STATE) aw the deceased ated above. DATE SIGNED	
SUICIDE OF office hidg., etc.) HOMICIDE INJURY OCCURRED INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from alive on 74. 19.5. and that death occurred at SIGNATURE OEgree or title) 23. BURIAL, CREMATION DATI THEREOF NAME OF CEMETE DETAILS DATI THEREOF DATI THEREOF DETAILS DATI T	How DID INJURY OCCUR? 1950, to 7, 1951, that I last so ADDRESS ERY OR CRETATORY LOCATION (City, town, or count nt Cemetery Rhodes Point, In	Yes No No (STATE) aw the deceased ated above. DATE SIGNED > 4/5/y) (State) ADDRESS	



VS. A15

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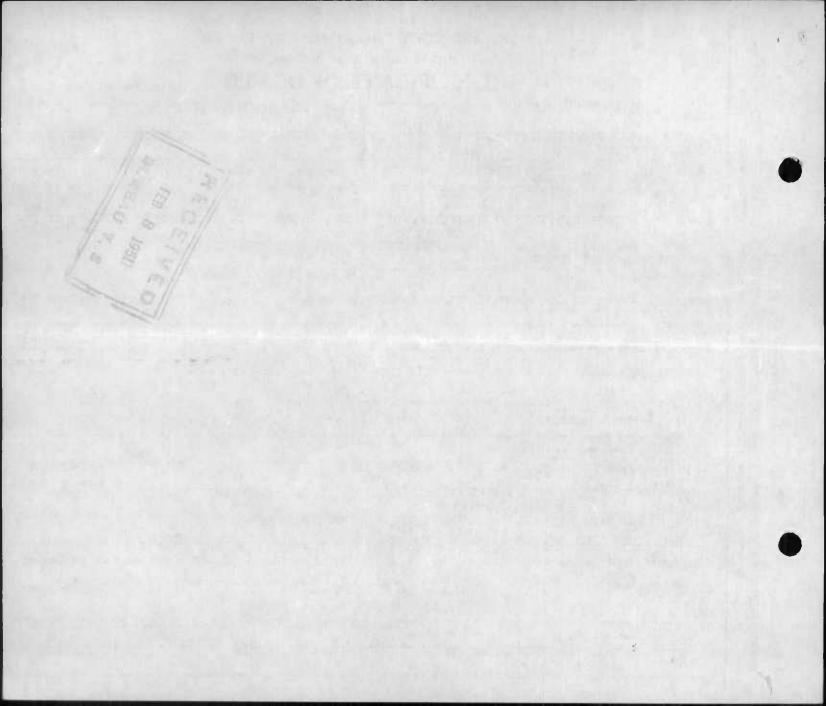
The correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Somerset MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY					
CITY (If nutside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside			OR TOWN Cristin	te corporate limits, write RURAL and give nearest town)				
HOSPITAL OR INSTITUTION O STREET ADDRE	R Jacksenvi	lle Section	STREET ADDRESS Jacks	(If rural, give I	ocation)			
3. NAME OF DECEASED (Type or Print)	LAURA (First)		A WES (Last)	OF DEATH Feb.	1, 195			
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) BATTIO	Aug. 2, 1897	9. AGE last birthday 53 yrs.	Months Day	ys Hours Min.		
done during most of v	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Domestic	Crisfield,	aryland		TIZEN OF WHAT		
13. FATHER'S NAM	Dawson Ev	ans	14. MOTHER'S MAIDEN Clara de	rd				
	ver In U.S. Armed Forces (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND lbert Tawes	ADDRESS Crisfie	eld, Ld	•		
Immediat 153 × Antecede Disease or giving rise to	e cause nt cause(s) conditions, if any, to the above cause underlying cause last	LEADING TO DEATH	orcura j	Live		TERVAL BETWEEN NSET AND DEATE		
Conditions contrib	(c) ICANT CONDITIONS uting to the death but not use or condition causing deat							
19a. DATE OF OPE	RATION 19b. MAJOR I	INDINGS OF OPERATION	c l.			AUTOPSY?		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T		COUNTY)	(STATE)		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?				
signature S. m. 1	0. 1, 1951, an	d that death occurred at.f. (Degree or title) Mu-A	ADDRESS Luc	causes and on the	e date stated			
23. BURIAL, CREM REMOVAL (Spe	cify) Feb. 4,1	951 Crisfield	Cemetery by	ocation (City, towns is field c	Marvla	(State)		
DATE REC'D BY REG. 2 4		w. Tyler	Bradshaw Fune		_	of eld		



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

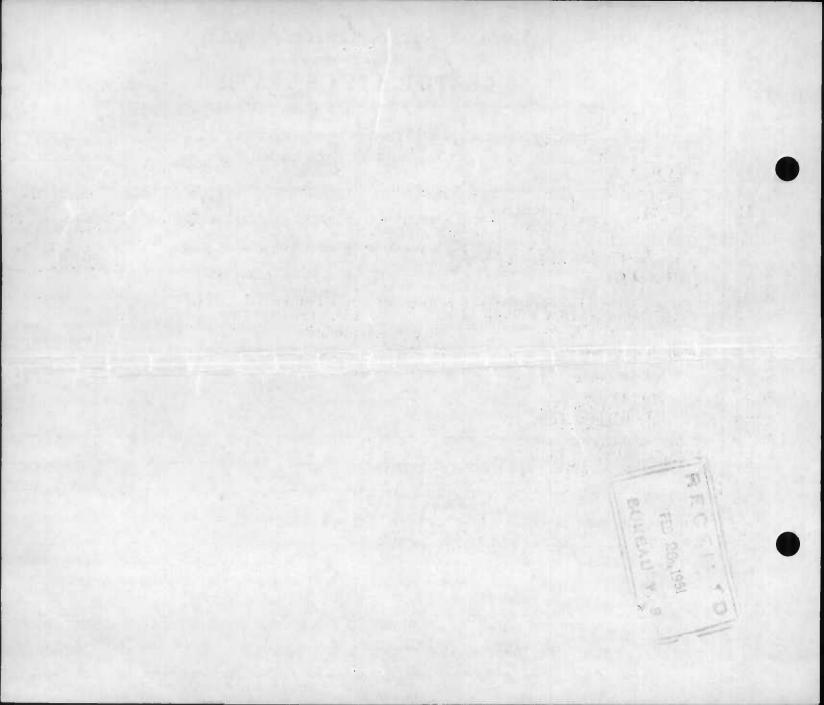
DECEASED Crype or Print) 6. SEX Male White Crype or Print) S. AGE last hirthday If under 1 year Hunder 2 year Hunde			GERIFICAI	E OF L	CAIL	1	Reg. Dist. N	10d.6.6	<i>!</i>
CITY (If outside corporate limits, write RURAL and give nearest town) ON Edger HOSPITAL OR HOSPITAL OR HOSPITAL OR HINTITUTION OR STREET ADDRESS IMME OF DECEASED ON Edger HOSPITAL OR HINTITUTION OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HINTITUTION OR HI		H.			SIDENCE (HO	OME) OF DE			
CITY (If outside corporate limits, write RURAL and give nearest town) ON Edger HOSPITAL OR HOSPITAL OR HOSPITAL OR HINTITUTION OR STREET ADDRESS IMME OF DECEASED ON Edger HOSPITAL OR HINTITUTION OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HINTITUTION OR HOSPITAL OR HINTITUTION OR HI	COUNTY	maat	MARYLAND	STATE	Marv	land	Somer	set.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Addid) STREET ADDRESS (ATTER) STREET ADDRESS (Addid) STR	OR give neares	corporate limits, write RUR. t town)	AL and LENGTH OF STAY (ip_this place)	OR	itside corporate		RURAL and g	ive nearest t	own)
STREET ADDRESS NAME OF DECEASED DECEASED OF PIRIT OF STREET (Month) (Day) (Y. DECASE) OF PIRIT OF PIRIT OF STREET (Type or Pirit) OF DECEASED OF PIRIT OF PIRIT OF DECEASED OF P	HOSPITAL OR		i ii years	STREET	r.den	(If rural,	give location)		
DECEASED Type or Print) 6. COLOR OR RACE M1	STREET ADDRE	SS		ADDRESS					
(Country of Point) (Country of P			· · ·				(Month)	(Day)	(Year)
male white wide with the wide with the wide of work one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working most of w	(Type or Print)							19	19 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on 11. Birthflace (State of foreign country) 12. Cirrien of Waryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Informant And Address 18. MEDICAL CERTIFICATION 19. Maryland 18. MEDICAL CERTIFICATION 19. Maryland 19.	_		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Special) arried		,1873		Months	Days H	ours Min.
13. FATHER'S NAME SOUL WILLIAM 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of nO	done during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			foreign country) 1		OF WHAT
Soul Willey 15. Was Decrased Ever in U.S. Armed Forces? (Yes, no no or unknown) (If yes, give war or dates of No. 10. 17. INFORMANT AND ADDRESS (Yes, no no or unknown) (If yes, give war or dates of No. 10. 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE HOMICIDE NOT CONDITIONS (No. While at Not While SUCIDE HOMICIDE Not While at Not While SUCIDE Not While at Not While SUCIDE NOT SUCCESSANCE NOT SU			1 20111101	14. MOTHER	S MAIDEN N	NAME		Vallan	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes, gives are or dates of no no ninknown) (Ifyes, gives are or dates of no no ninknown) (Ifyes, gives are or dates of no no ninknown) (Ifyes, gives are or dates of no ninknown) (Ifyes, gives are or dates of no need no need				Maria	W. F	Kellv			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE (OF office bidg., etc.) FINIURY TIME (Month) (Day) (Year) (Hour) While HOW DID INJURY OCCUR? OF OF INJURY 22. I hereby certify that I attended the deceased from 2.5.2, 19.5.1, to 7.2.5.7, 19.5.1, that I last saw the decease alive on 2.5.2.5.7, 19.5.1, and that death occurred at 3.5.5.7.m., from the causes and on the date stated above. SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Remation) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Rematical Date of Called Date of Called Date of Called Date of	(Yes, no, or unknown)	(If yes, give war or dates of	of	17. INFORMA	NT AND A	DDRESS	N/d		
Immediate cause (a) Color Conservant Berry Onservant Conservant Constituting to the death but not related to the disease or condition causing death. (b) Condition contributing to the death but not related to the disease or condition causing death. (c) 11. OTHER SIGNIFICANT CONDITIONS Condition contributing to the death but not related to the disease or condition causing death. (d) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes Not While Injury Court County 19b. Major Finding Condition County 19b. Major Finding Condition County 19b. Major Finding County 19b. Major	110	iservice) IIO			***************************************	y Haci.	19 1000		
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE SUICIDE HOMICIDE SUICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) Work at work 22. I hereby certify that I attended the deceased from 25. 2, 19.5, to 12.5, 19.5, that I last saw the decease alive on 25. 2.1, 19.5, and that death occurred at 3.5, 2.m., from the causes and on the date stated above. SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Allow (Specify) (State			LEADING TO DEATH	2 han	لسب	haza	gra.	ONSET A	ND DEATE
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes No. AUTOPSY No. AUTOPSY Yes No. AUTOPSY No. AUTOPSY Yes Y	Diseases or	conditions, if any, (b)	Hypante	, nsee				dans	mom
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes No. No.	Conditions contrib	uting to the death but not	th.						
21. ACCIDENT SUICIDE OF office bidg., etc.) SUICIDE HOMICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 2.5./2., 19.5./, to 2.5./9., 19.5./, that I last saw the decease alive on 2.5./2., 19.5./, and that death occurred at 3./5./2m., from the causes and on the date stated above. SIGNATURE. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) PLACE (Home, farm, factory, street, (CITY OR TOWN) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? At work 1 A work 1 A work 1 PLACE (Home, farm, factory, street, (CITY OR TOWN) HOW DID INJURY OCCUR? The property of the causes and on the date stated above. (Degree or title) ADDRESS DATE SIGN. PLACE (Home, farm, factory, street, (CITY OR TOWN) (STATE) OF office bidg., etc.) INJURY 2 A work 1 A work 1 A work 1 A DORESS DATE SIGN. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) OF office bidg., etc.) INJURY 2 A work 1 A work 1.	19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION					20. AUT	COPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Home) PLACE (Home) (STATE) (How DID INJURY OCCUR? While at Not While at Not While How DID INJURY OCCUR? While at Not While at Not While How DID INJURY OCCUR? While at Not While at Not While How DID INJURY OCCUR? While at Not While at Not Work How DID INJURY OCCUR? Work At work How DID INJURY OCCUR? A Burland, Cremation of the deceased from A work How DID INJURY OCCUR? ADDRESS How DID INJUR								Yes 🗆	No 🗆
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED How DID INJURY OCCUR? OF Not While at Not While Not While Not Work Not While Not Work	SUICIDE	OF	office bidg., etc.)	1 0 0 0 0 1	(CITY OR TO	(WN)	(COUNT)		
22. I hereby certify that I attended the deceased from 25. 2., 195, to 25., 195, that I last saw the decease alive on 25. 17., 195, and that death occurred at 3. 15. 2. m., from the causes and on the date stated above. SIGNATURE Objective NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State REMOVAL (Specify) Objective NAME OF CEMETERY OR CREMATORY Add on the date stated above. DATE SIGN.	TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID I	NJURY OCC	UR?			
REMOVAL (Specify)	22. I hereby cer alive on	tify that I attended the 5.17., 19.5., ar	e deceased from 2.5	ADDRESS ADDRESS	from the c	causes and o	n the date s	stated about 2/23	deceased eve. SIONED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 24. FUNERAL DIRECTOR ADDRESS	DATE REC'D'BY	LOCAL REGISTRAR'S	5T Allen Ceme	tery 24. FUNERAL	1	17700		nd	ESS

Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15



M

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY SOMORSET MARYLAND	STATE MARY LAND COUNTY	Some RSOT
CITY (If outside corperate limits, write RURAL and LENGTH OF STAY OR give neared town)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS	
STREET ADDRESS		
3. NAME OF (First) (Middle) DECEASED (Type or Print)	WRIGHT OF DEATH TO b.	(Day) (Year) 4 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under Months	
10a. USUAL OCCUPATION (Give kind of work done-turing agent of working life, eyen if retired) INDUSTRY INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A
John H. Curlis	UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 2/9-05-36/	Pu. Fu. S Wright (Hus	band)
	RTIFICATION	1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
4343 Immediate cause (a) Acute hear	RT Disease.	o x color (co (co (co (co (co) co (co)
Antecedent cause(s)	MENRY M. LANKFORD, M.D.	
95c Diseases or conditions, if any, (b)	Deputy Medical Examiner	. +0 20 40 50 64450 24 50 Umprovings 4000 000 0 1 10
stating the underlying cause last	for Comercel County	
II. OTHER SIGNIFICANT CONDITIONS	26.76.00.00.00.00.00.00.00.00.00.00.00.00.00	1
Conditions contributing to the death but not related to the disease or condition causing death.	•	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
_ NON e		Yes No No
2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while Work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy Inspection or Inquiry, find that said decendant in the said causes A, accident is suicide in homicide in SIGNATURE Degree on title in the said accident in the s	ased died on the day stated above, and death in my	from the evidence opinion resulted DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE. REMOVAL (Specify) Jev. 7, 1451	RY OR CREMATORY LOCATION (City, town by court	mice (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR Mariou	ADDRESS M.
- 1 101 11. HI LOWER WILL.	, char, H. ward / reactors	2 114
a	970 609/3	Sex 235.

